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PTO/SB/08B (07-05)

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Substitute for form 1449/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(Use as many sheets as necessary)</i>				<b>Complete if Known</b>	
				Application Number	09/264/171
				Filing Date	March 5, 1999
				First Named Inventor	STROH
				Art Unit	3624
				Examiner Name	E. COLBERT
Sheet	1	of	1	Attorney Docket Number	STROH

[illegible]

Examiner Signature	<i>E. L. L. L.</i>	Date Considered	3-29-06
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\*EXAMINER: Initial if reference considered. Whether or not citation is in conformance with MP5P 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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# INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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### Complete if Known

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Examiner Name	COLBERT, ELLA
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Sheet 1 of 1

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**Examiner  
Signature**

Date	Considered
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